

WHEN Donald Trump won the US elections many social conservatives here in Africa were celebrating. Here was a guy who supposedly stood for traditional values against abortion and LGBTQ rights. But on day one, just moments after taking office, he dropped a bombshell with an executive order to halt all foreign aid, effective immediately. The excitement quickly turned into despair. No one saw this coming, not even those who backed him. They thought he would ease into things, but he shocked everyone.

Suddenly, it wasn't just the progressive pro-choice folks and the LGBTQ community who were anxious; everyone was on edge. The world felt the tremors of Trump's decision. It was all too abrupt. What about the US-funded life-saving ART (HIV medicine) for 20.6 million people across 55 countries, including the 240 000 people in Lesotho? Still feeling good about the new US president? Probably not.

But if there's a silver lining here, it's the lesson in self-reliance. Health advocates across the continent are rallying around the idea of decolonising global health and pushing for African investments in healthcare. Now is the time to take charge.

How do we as a country invest in our own health infrastructure so no other country, such as the US, has an outsized influence on the health of so many of our citizens?

Firstly, the workforce across many ministries of the government is too big and cuts to it could bring considerable savings to our country. Job vacancies are often created for individuals rather than individuals filling available vacancies. After all, it is well-known that Lesotho possesses the highest public wage bill within the SACU region. The Ministry of Home Affairs, for instance, hires over 1 500 replacement individuals whenever a new government is established. These new employees—many of whom lack the ability to read or write—are often seen idling at the NCIR offices. Despite this, they receive substantial salaries ranging from M5 000 to M8 000. Moreover, we have one of the largest Cabinet of Ministers on the globe, despite being one of the smallest countries. What is happening here? Please do not laugh, this is a serious matter!



I've been thinking

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Furthermore, we could consider adopting Botswana's model of public-private health-care partnerships, where private companies such as banks, mining and transport sectors set up their own HIV schemes to co-fund HIV programmes. I understand this is easier said than done, but we have examples here in Lesotho's apparel industry, the country's largest private sector employer. Both the business and human case of providing HIV care have been proven. Let's take it to scale in all our industries.

Additionally, regional leaders must come together to explore the potential of pooling resources for bulk procurement of HIV drugs or even the establishment of more generic pharmaceutical facilities such as Aspen Pharmacia headquartered in Johannesburg. Ideally, these companies would be owned by the Southern African Development Community (SADC) and operate on a non-profit basis to encourage lower prices. This approach would not only create jobs but also save lives, effectively addressing two critical issues simultaneously. The costs involved in setting up a pharmaceutical enterprise, including manu-

Trump's ban on foreign aid a wake-up call



facturing facilities, regulatory compliance, marketing and distribution, employee salaries, and insurance, can reach approximately \$200 million to \$1.5 billion, according to the 2020 study by Oliver J Wouters (published in National Library of Medicine). Given that the combined GDP of SADC is around \$900 billion, there is a strong case for establishing multiple HIV pharmaceutical manufacturers.

And, lastly, our foreign debt needs to be cancelled. According to Debt Justice, our countries are spending more servicing foreign debt than on health budgets. The campaign for debt relief must be fortified until the World Bank and IMF, wealthy countries

and private creditors heed our calls.

It is time for us as Africans, particularly within SADC, to unite (conservatives and progressives!) and lessen our reliance on foreign aid. The reality is that those who provide for you hold power over you, and recent events have shown us the consequences of this dynamic. We need to significantly increase our Lesotho's funding for health systems strengthening, including HIV programmes. This is a crucial moment for awakening.

Wakey Wakey Africa!

In the meantime, due to public pressure, Trump's State Department lifted the ban on the distribution of US-funded ARV treat-

ment and other essential medicines. But at the time of publication, few of these funds have been disbursed. We must ensure that HIV treatment and prevention get to those who need it. And more recently, a court ordered Trump to (at least temporarily) lift the freeze on all foreign assistance and allow funds to flow again. Maddeningly, the US Government has thrown up new obstacles at every turn to continue to withhold hundreds of millions owed. No time to sleep!

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